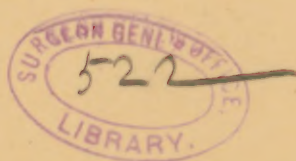


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SIMULTANEOUS APPEARANCE OF CANCER IN BREAST AND UTERUS.*

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Multiple primary cancer is an exceedingly rare form of disease, even when it occurs in contiguous parts of the body, but its appearance at the same time in such widely separated organs as the breast and uterus is such an unusual pathological occurrence as to make every instance of it worthy of being placed on record.

The subject of this interesting manifestation of the disease was a lady fifty-three years of age, married, and the mother of six children. She was a woman of good physique, somewhat above medium size, and had always led an active life and enjoyed most excellent health. Her labors had been natural and easy, and the menopause occurred at forty-six and passed through without much discomfort or leaving behind any impairment of health. Her father died of cancer of the face, her grandfather of cancer of the stomach, and she had also a first cousin who had cancer of the breast which I assisted another surgeon to remove by operation only a few months before meeting this patient. Speedy recurrence of the growth took place in the cicatrix of the wound in this case, and death ensued a short time afterward. Her mother, sister, aunt and granduncle died of consumption.

In January, 1889, this lady consulted me on account of a vague sense of weight and uneasiness in the back and between the hips, which was accompanied with a thin leucorrhœal discharge from the vagina, and occasionally with a slight show of blood, which she attributed to a threatened return of her monthly sickness. Vaginal examination disclosed a movable uterus with a cervix somewhat swollen tender and enlarged. Passing the finger on the cervix and letting it

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glide over the vaginal surface any adventitious growth below the mucous membrane will cause the tissues to be less pliable and the movement naturally imparted to them by the finger will be retarded and less free and easy than in the normal condition. According to Spiegelberg this is an early test for cancer and he not inaptly compares it to the sensation experienced in rubbing the finger over a wet piece of India rubber. This test was exemplified in this instance. The speculum revealed a slightly patulous os, with a narrow zone of livid redness encircling it, whose boundaries were abrupt and clearly defined and in this red spot were several nodules of a darker hue in color. The disease was confined to the cervix and during its course never extended farther than the internal os. At the time of the first examination the parts were gently cleansed of all discharges and an application of equal parts of tincture of iodine and carbolic acid was made. From time to time afterward various alterative and astringent substances were applied but the only effect observed on the disease was to stimulate it to greater activity. On one occasion the os was dilated and the cervical canal was thoroughly curetted and a strong solution of zinc chloride applied to the surface. The disease however was not checked in its progress but continued its ravages until the cervix was deeply excavated and became a mere shell.

In the left breast a little above and to the left of the nipple was a hard lump the size of a small filbert which occasionally she complained was the seat of sudden and transient pain. This small tumor when pressed from behind against the rib was apparently of woody hardness, but was nevertheless freely movable and with loose attachments to the gland. There was no enlargement or prominence of the axillary glands at this time. This growth slowly began to enlarge and was frequently the seat of occasional sharp pain during the years 1889 and 1890. In 1891 the tumor had grown to the size of an egg, and became attached to the skin. A few months later the adhesion to the skin was firm enough to cause considerable retraction and discoloration at the point of attachment, and it was evident that ulceration would soon take place. In another year the whole gland had broken down and disappeared, and was extending along the lymphatics to the enlarged glands in the axilla. In 1893 the excavations in the tissues from repeated sloughs had extended and involved the axillary glands even to the posterior axillary fold. The left arm now became enormously swollen, and pulse almost imperceptible at the wrist. Although the loss of strength and flesh and the pale and exsanguinated appearance of the lady gave unmistakable evidence of the

profound impression the disease had made on the constitution yet she continued to perform most of the household duties and only required a grain or two of morphine daily to relieve the pain. The growth had now involved the axillary vessels, and as the tissues in which they were imbedded were continually sloughing away, rendered it exceedingly probable that the termination of the lady's life would be due to hæmorrhage. The day before her death she was engaged in her ordinary pursuits and retired at night feeling quite as well as she had for some time past. Just before sunrise she felt the most excruciating pain in the heart and expired in a few minutes. No post mortem was allowed to determine the immediate cause of death, but it is probable that it was caused by a thrombus detached from the axillary veins and carried to the heart.

A striking peculiarity in the history of this case, is, that when the disease was most active and destructive in the breast, that it rather checked and retarded its tendency in this direction in the uterus.

In looking up the literature of multiple primary cancer among various medical authors and journals which have been accessible to me I have found only mention made of it by Mercanton in a very interesting essay on the subject which appeared in *Revue méd. de la Suisse Rom.*, and a short abstract which appeared in epitome of the *British Medical Journal* for June 24, 1893. This author considers the simultaneous appearance of primary cancer in the breast and womb of such rare occurrence as to be truly phenomenal and declares that in all of his researches he has not been able to find a single trustworthy report of the phenomenon in the breast and uterus of a patient. He then gives the history of three cases which came under his own observation. In his first case there were indications of the disease in the uterus a year before it was discovered in the breast; in the third case the tumor occurred in the left breast two years before its appearance in the uterus. He contended however, that the simultaneity of the disease was evident in both instances. In his second case the disease was present in both breast and uterus in an advanced stage of its development. The present case is unique in that the disease in both breast and uterus was seen in the early stage of its growth before any breaking down of tissue had occurred.

Excision of the cervix, and removal of the breast was proposed to this lady, but she declined; influenced no doubt by the unfortunate result which followed operation on her cousin. Although there is a very general consensus of opinion among surgeons that the most successful treatment of cancer affecting the breast and uterus is early

and radical removal by the knife, yet it is doubtful if operation is advisable when the disease appears in multiple form and in distant organs. When the disease is confined solely to the uterus and recognized at an early period of its invasion, the prompt removal of the organ is usually followed by permanent recovery, in fact, recurrence less often takes place than after removal from any other organ or part of the body. Mammary cancer spreads very rapidly along the lymphatics and it is impossible to determine when the glands in the immediate vicinity become infected, and for this reason removal of the breast is usually followed by secondary growth in the cicatrix, and it is doubtful if operation is admissible in this locality if more than six months have elapsed since the commencement of the disease.

